

## Ohio Campaign Finance Report STAPR 21 PM 3: 42

		Pr	escribed by Secret	tary of State	02/01		B.C	BAAK AAD C	LIN C	OUNTY <del>ACTIONS</del>
Full Name of Committee							Regis	tration Nu	mber, if F	AC HUNG
CITIZENS FOR RANF	KIN									
Full Name of Candidate			,	•						, ,
Mike R. Rankin										
Street Address					Office Sough	nt			District	
545 East Town Street`					Munic	ipal Co	urt Ju	dge	Fra	nklin Count
City							State	Zip Co	de	
Columbus						C	H	432	215	
Type of Report X	Pre-Primary		Post-Primary		Pre-General		Post	General		Annual Year
(place X to the left of report	July		August		September					
type)	Monthly		Monthly		Monthly		Term	ination		
Amended Report?	Report Ele	ctronically	filed?				М		D	Y
Yes No		Yes	No	Date of	Election	0	_ 5	0	3	0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

	- 100 day	
Amount brought forward from last report	\$	1,908.23
2. Total monetary contributions (From Form No. 31-A)	\$	5,195.28
3. Total other income (From Form No. 31-A-2)	<b>\$</b>	1,151.10
4. Total funds available (sum of lines 1, 2, 3)	\$	8,254.61
5. Total monetary expenditures (From Form No. 31-8)	\$	3,008.58
6. Balance on hand (line 4 minus line 5)	\$	5,246.03
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	713.80
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	94,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	2,201.11
11, Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only  Sum of lines 2, 7 and amount of any new loans received this period	\$	

The second secon	(1. trace) (200 (21)		
THE INFORMATION CONTAINED IN THIS F	REPORT IS MADE UNDER THE PENALTY OF	F ELECTION FALSIFICATION. WHOEVER	
COMMITS ELECTION FALSIFICATION IS GUL Laura T. Riggs-Kolman, Tr	ULTY OF A FELONY OF THE FIFTH DEGRE	at. Riggs-Kolman	04-20-05
Print Name and Title (Treasurer and Deput	(Treasurer only) Signature	90	Date
Contribution	Expenditure	Other	Total
pages 7	pages 4	pages 9	pages 20

Page _	2

### **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full		-								
Name of Committee in Full CITIZENS FOR RANKIN										
Full Name of Contributor				Per	ictr	ation N	lum	ber, if	DAC	
Richard Borrer				veâ	jisti č	acion i	•uii	ibei, ii	FAC	
Street Address	Employ	er/Occui	pation/Labor Organization						Form (Cash	Check, etc.)
3036 Leeds Rd.	Linploy	er/occu <sub>l</sub>	pation/ Labor Organization						1	Check, etc.)
City		ate	Zip Code	М		Г	_	Y	check	
Columbus	0	H H	43221	0		Ι,	6	0   5	Amount	50.00
Full Name of Contributor	10	111	***************************************	_			_	ber, if	PAC	30.00
Transfer from Form 31-E				veâ	iisti e	acioii i	•uii	iber, ii	FAC	
Street Address	Employ	or/Occu	pation/Labor Organization						Form (Coch	Check, etc.)
Street Address	Limploy	er occu <sub>l</sub>	pation/ Labor Organization						roim (casii,	Check, etc.)
City	St	ate	Zip Code	М		D	7	Y	Amount	
				1	3	3	1	0   5		240.00
Full Name of Contributor		<u> </u>		_			_	ber, if	PAC	
Transfer from Form 31-E				`				·		
Street Address	Employ	er/Occup	pation/Labor Organization	-L		-			Form (Cash,	Check, etc.)
	İ									
City	St	ate	Zip Code	М		D	Т	Υ	Amount	
				0	4	0   3	5	0   5		4,905.28
Full Name of Contributor	<u> </u>			_		_	_	ber, if		·
Street Address	Employ	er/Occur	pation/Labor Organization	-					Form (Cash,	Check, etc.)
									1	
City	St	ate	Zip Code	М		D	T	Y	Amount	
Full Name of Contributor				Reg	istra	ition N	lum	ber, if I	PAC	
Street Address	Employ	er/Occup	oation/Labor Organization						Form (Cash,	Check, etc.)
				<b>-</b>			_			
City	St	ate	Zip Code	M		D		Y	Amount	
	<u> </u>	L .		$oxed{igspace}$			┙		ļ	
Full Name of Contributor				Reg	istra	ition N	lum	ber, if I	PAC	
Parameter Communication Commun	1			<u> </u>					T	
Street Address	Employ	er/Occup	pation/Labor Organization						Form (Cash,	Check, etc.)
Cit.	ļ <u>.</u>		7:- 0-4-	1		-	т	<del></del>		
City	50	ate I	Zip Code	М		D		Y	Amount	
Full Name of Contributor		L		Poo	ictro	tion N		ber, if I	DAC	
ruli Name of Contributor				Reg	istra	ILIOII IN	um	ber, ii i	PAC	
Street Address	Employ	ar/Occur	pation/Labor Organization						Form (Cash,	Chack atc.)
Server Address	Linploy	si7 Occup	Dation/ Labor Organization						TOTH (Cash,	Clieck, etc./
City	St	ate	Zip Code	М	_	D	_	Υ	Amount	
G. 1.5			Lip code	"			ı	i	Amount	
Full Name of Contributor	1	L	<u> </u>	Rea	istra	tion N	um	ber, if f	PAC	
				,g	io ci a		<b></b> .	DO:, :: •	7.0	
Street Address	Employe	er/Occur	pation/Labor Organization						Form (Cash,	Check, etc.)
		ooap	and a conguined world						(545/1,	
City	St	ate	Zip Code	М		D	Т	Y	Amount	
								1		
* Required for contributions over \$100 to statewide and general a	ssembly	candidat	es. If contributor is self-empl	oved	000	unatio	n r	ather t	han employer	should be listed

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 5,195.28

	2
Page	

#### **Statement of Other Income**

Prescribed by Secretary of State 2/01

	-			
Name of Committee in Full CITIZENS FOR RANKIN				
Full Name	·		Registration Number, if PAC	
Transfer from Form 31-C			negistration number, in the	
Address	Type*		M D Y Amount	
			0   4   1   3   0   5   1,150	0.00
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
Bank One				
Address	Type*		M D Y Amount	
833 S. High Street	1 N			0.57
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	0 F	I 43206	interest	
Full Name			Registration Number, if PAC	
Bank One				
Address	Type*	r	M D Y Amount	0.21
833 S. High Street City	State	Zip Code	0 1 0 6 0 5 (Form(Cash,Check,etc)	0.31
Columbus	O	1	interest	
Full Name	10 11	40200	Registration Number, if PAC	
Bank One			negistration number, it the	
Address	Type*		M D Y Amount	
833 S. High Street	IIN	r l		3.08
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OLE	43206	interest	
Full Name	<b>_</b>		Registration Number, if PAC	
Bank One				
Address	Type*		M D Y Amount	
833 S. High Street			0 3 0 4 0 5	0.05
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	0 H	43206	interest	
Full Name			Registration Number, if PAC	
Bank One		·		
Address	Type*		M D Y Amount	3.00
833 S. High Street	IN			0.09
Columbus	State	Zip Code 43206	Form(Cash,Check,etc) interest	
Full Name	10 11	43200	Registration Number, if PAC	
Tun Name			Registration Number, it FAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	

 $\mathsf{SA}$  for the sale of committee assets, or  $\mathsf{LN}$  for payments received on a loan made.

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

Page
------

### **Statement of Expenditures**

Name of Committee in Full				·				
CITIZENS FOR RANKIN						1		
To Whom Paid				M	D	Y	Amount	26.40
A.B.C. Communications				$1 \mid 2$	1 5	$0 \mid 4$	<u> </u>	36.40
Address	Purpose							
5195 Hampstead Village Ctr.			e-mileage expense					
City	Sta		Zip Code	Check	Number			
New Albany	0	Н	43054	<u> </u>	166			
To Whom Paid				М	D	Y	Amount	
A.B.C. Communications				1   2	2 7	0 4		1,500.00
Address	Purpose							
5195 Hampstead Village Ctr.	Cons						***	
City	Sta		Zip Code	Check	Number			
New Albany		H	43054	<u> </u>	167			
To Whom Paid				М	D	Y	Amount	
The Brunner Firm				0   2	0 8	0 5		900.00
Address	Purpose							
545 E. Town Sstreet	Reco	rdke	eping and bookkeeping					
City	Sta	te	Zip Code	Check	Number			
Columbus		Н	43215		168			
To Whom Paid		•		М	D	Υ	Amount	
City of Dublin				0   3	0 3	0   5		100.00
Address	Purpose							
5200 Emerald Parkway	St. Pa	atrick	c's Day Parade Fee					
City	Sta	te	Zip Code	Check	Number			
Dublin	0	H	43017		169			
To Whom Paid				М	D	Υ	Amount	
Tactical Edge				0   3	1 5	0 5		224.18
Address	Purpose							
929 Harrison Ave.	Rein	burs	se-thank you notes					
City	Sta	te	Zip Code	Check	Number			
Columbus	0	H	43215		171			
To Whom Paid				М	D	Y	Amount	
Emmett Wheeler				0   3	1   5	0   5		200.00
Address	Purpose							
2355 Breeze Hill Dr.	Web	site c	lesign and maintenance	)				
City	Sta	te	Zip Code	Check	Number			
Grove City	-0	Н	43123		172			
To Whom Paid				М	D	Y	Amount	
Bank One				0 1	0 6	0 5		12.00
Address	Purpose							
833 S. High St.	Bank	serv	rice fee					
City	Sta	te	Zip Code	Check	Number			
Columbus	$\perp_{O}$	Н	43206		N/A	<b>k</b> .		
To Whom Paid			<u></u>	М	D	Υ	Amount	
Bank One				0   2	0 4	0   5		12.00
Address	Purpose			B		-		
833 S. High St.	Bank	serv	vice fee					
City	Sta		Zip Code	Check	Number			
Columbus	$\perp_{0}$	H	43206		N/A	۸.		

## **Statement of Expenditures**

Name of Committee in Full								
CITIZENS FOR RANKIN To Whom Paid			I W I B I V	T				
Bank One			0 3 0 4 0	Amount 5 12.00				
Address	Purpose		0 3 0 4 0	12.00				
833 S. High St.	l l	Bank service fee						
City	State	Zip Code	Check Number					
Columbus	O   F	H 43206	N/A					
To Whom Paid			M D Y	Amount				
Bank One			0 4 0 6 0	5 12.00				
Address	Purpose			* ***				
833 S. High St.		ervice fee	* W					
City	State	Zip Code	Check Number					
Columbus To Whom Paid	O F	H 43206	N/A					
To Whom Paid			M   D   Y	Amount				
Address	Purpose							
City	State	Zip Code	Check Number					
To Whom Paid			M D Y	Amount				
Address	Purpose							
City	State	Zip Code	Check Number					
To Whom Paid			M D Y	Amount				
Address	Purpose							
City	State	Zip Code	Check Number					
To Whom Paid								
To whom Paid			M D Y	Amount				
Address	Purpose			- 1				
City	State	Zip Code	Check Number					
To Whom Paid			M D Y	Amount				
Address	Purpose							
City	State	Zip Code	Check Number					
- un : :								
To Whom Paid			M D Y	Amount				
Address	Purpose							
City	State	Zip Code	Check Number					

Page Total \$	24.00
Page Total \$	24.00_

**31-C** R.C. 3517.10

### **Statement of Loans Received**

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN	J		<del>-</del>											
From Whom Received				-					Prior A	mount		Amt. Incurred this Period		
Mike R. Rankin									ŀ			650.00		
Address												Outstanding Balance		
2432 Wyncourtney Ct.								_				650.00		
City	State	Zip Cod	е	Loa	ans Rece	ived Th	is Perio	d			Payme	ents This Period		
Powell	O H	43065	5		Date			Amount		Dat	:e	Amount		
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	\$		
Incurred	0 2	0 2	0   5											
Registration Number, if PAC				М	D	Y			М	D	Y			
Employer/Occupation/Labor Organizatio	n*			М	D	Y			М	D	Y			
From Whom Received		•		<u> </u>			_		Prior A	mount		Amt. Incurred this Period		
Mike R. Rankin												500.00		
Address 2432 Wyncourtney Ct.												Outstanding Balance 500.00		
City	State Zip Code Loans Received This Period										Pavme	ents This Period		
Powell	OH	43065	5		Date			Amount	i i	Dat	-	Amount		
Date Loan was originally Incurred	м 0 3	D 1 4	Y 0   5	М	D	Y	\$		М	D	Y	\$		
Registration Number, if PAC	<u> </u>	. <del></del>	<del>-t</del>	М	D	Y			М	D	Y			
Employer/Occupation/Labor Organizatio	n*			М	D	Y			М	D	Y			
From Whom Received				<b></b>		- <b>4.</b>			Prior A	mount		Amt. Incurred this Period		
Address		. ,		•								Outstanding Balance		
City	State	Zip Cod	e	Loa	ns Rece	ived Th	is Perio	d			Payme	ents This Period		
		l			Date			Amount		Dat		Amount		
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$		
Registration Number, if PAC	<u> </u>			М	D	Y			М	D	Y			
Employer/Occupation/Labor Organizatio	n*			М	D	Y			М	D	Y			

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	0.00	
2	Total received this period \$	1,150.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	1,150.00	(To Form No. 30-A)

31	-C			
R.C.	351	7.	1	0

### **Statement of Loans Received**

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Rankin																		
									<del></del>		Drior	r Amo	ount		_	Amt. Incurred this Period		
From Whom Received											FIIUI	AIII		0.00	പ	0.00		
Avis M. Rankin													7,0	.00.0	U	Outstanding Balance		
Address 806 Lake Street																9,000.00		
City State Zip Code Loans Received This Period											Payments This Period							
Marblehead	OL		3440			Date			Amoun	nt			Date	-		Amount		
Date Loan was originally	М		D	Y	М	D	Y		\$		М		D	Y		\$		
Incurred	0 4	ŀι	8	$0 \mid 4$			igspace								_			
Registration Number, if PAC					М	D	Y				М		D	Y				
Employer/Occupation/Labor Organizatio	n*				М	D	Y				М		D	Y				
1						i								<u>L</u> .				
From Whom Received											Prior	r Am				Amt. Incurred this Period		
Mike R. Rankin													10,0	0.000	00	0.00		
Address 2342 Wyncourtney Court	j-															Outstanding Balance 10,000.00		
City		71	p Code		Los	ns Rece	ived 1	Thie	Period		-			Pav	/me	ents This Period		
Powell			3065		1.00	Date	iveu	1113	Amoun	nt	Date					Amount		
Date Loan was originally	M	+-	D T	Y	м	T D	ΤΥ		\$		М	П	D	ΤY		\$		
Incurred	0	) 2	2   0	0   4														
Registration Number, if PAC		-1			М	D	Y				М		D	Y				
						$\perp$								1				
Employer/Occupation/Labor Organizatio	n*				М	D	Y				М		D 	Y				
From Whom Received						Щ.					Prio	r Am	ount			Amt. Incurred this Period		
Avis M. Rankin														0.000	00	0.00		
Address 2342 Wyncourtney Court	t															Outstanding Balance 22,000.00		
City	State	: Zi	p Code		Loa	ans Rece	ived	This	Period					Pay	/me	ents This Period		
Powell	O I	I 4	3065			Date			Amour	nt			Date			Amount		
Date Loan was originally	м 0 :	5 (	<b>D</b> 0   7	Y 0   4	М	D	Y		\$		М		D	Y		\$		
Incurred Registration Number, if PAC		<u> </u>	0   7	U   1X	м	D	<del>                                     </del>				М	$\vdash$	D	+				
Nogioti adolf Hallipol, II i Ao																		
Employer/Occupation/Labor Organization*					М	D	Y				М		D	Y				
							l							1				

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	41,000.00		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	41,0	00.00	(To Form No. 30-A)

31	-C	
R.C.	3517.	10

### **Statement of Loans Received**

				F	resc	ribed	l by	Sec	retar	y o	State 2/01								
Full Name of Committee																			
Citizens for Rankin From Whom Received					_		_					Pric	r Am	nount			Amt. Incurred this Period		
Avis M. Rankin													, ,	15,0	000	00	0.00		
Address								-							,00.	00	Outstanding Balance		
806 Lake Street																	15,000.00		
City	Sta	ite	Zip Code		Loa	ıns R	lecei	ived	This	s Po	eriod				Pa	yme	ents This Period		
Marblehead	0	Н	43440			Da	ate				Amount			Date	е		Amount		
Date Loan was originally	М		D Y	М		1	)	П	Y	\$		٨	1	D	Y		\$		
Incurred	0	6	0 2 0 4	L		$oxed{oxed}$				L									
Registration Number, if PAC				М			)		Υ			^	1	D	Y				
Employer/Occupation/Labor Organization	n*			М		1	)	T	Y	T	.,	N	1	D	Y				
From Whom Received	-			_		<u> </u>		<u> </u>				Deia	ır. Am	ount	<u> </u>		Amt. Incurred this Period		
Avis M. Rankin												FIR	<i>J</i> I AII	19,0	ากก	റ	0.00		
Address												_		17,0	700.	00	Outstanding Balance		
806 Lake Street																	19,000.00		
City Marblehead	Sta		Zip Code 43440		Loa	ıns R	lecei	ived	This	s Po	eriod Amount	Payments This Period  Date Amount							
Date Loan was originally	М		D Y	М		T		Т	Y	\$		N	1	D	Y		I\$		
Incurred	0	8	2   3   0   4				1	1		ı						ł			
Registration Number, if PAC			<u></u>	М			<del>-</del>	1	Y	1		٨	1	D	1				
Employer/Occupation/Labor Organization	n*			М		į	)		Ϋ́	l		M	1	D	)				
From Whom Received		_		<u> </u>		<u> </u>		<u> </u>		_		Pric	or Am	nount			Amt. Incurred this Period		
Avis M. Rankin												3,000.00				00	0.00		
Address		_															Outstanding Balance		
806 Lake Street		_															3,000.00		
City	Sta		Zip Code		Loa	ıns R		ived	This	s P		1				yme	ents This Period		
Marblehead		Н	43440		,		ate				Amount			Dat			Amount		
Date Loan was originally Incurred	м 0	9	D Y 1 0 0 4	М			)		Y 	\$		^	1	D	'		\$		
Registration Number, if PAC			<b></b>	М			)		Y	T		٨	1	D	\ \ \				
Employer/Occupation/Labor Organization	.n*			М	ļ	<del>                                     </del>	<u> </u>	╁	Y	╀			4	D	$\vdash$	ļ	<del></del>		
Employer/Occupation/Labor Organization	nı			, <sup>,,,</sup>			]	ĺ	Ì	ĺ		"	1		ĺ				
If a loan is forgiven, write "Forgiven" in Transfer total of all payments made in t																			
1 Tatal miles amount &			37 000 00																

1	Total prior amount \$	37,000.00		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-E
4	Total Outstanding Balance \$	37,0	00.00	(To Form No. 30-A)

### **Statement of Loans Received**

					Presc	ribed by	Secreta	iry Oi St	ate 2701					
Full Name of Committee								-					-	
Citizens for Rankin														
From Whom Received										Prior Ar			Amt. Inc	urred this Period
Avis M. Rankin										ŀ	15,	00.00	1	0.00
Address													Outstand	ding Balance
806 Lake Street														15,000.00
City	Sta	te	Zip Code	е	Loa	ıns Recei	ved Th	is Perio	d			Paymo	ents This	Period
Marblehead	O	Н	43440	)		Date			Amount		Dat	:e		Amount
Date Loan was originally	М		D	Υ	М	D	Υ	\$		M	D	Y	\$	
Incurred	0	7	$0 \mid 8$	0 4		1								
Registration Number, if PAC					Ŋ	D	Y			М	D	Y		
Employer/Occupation/Labor Organization	n*				М	D	Y			М	D	Y		
From Whom Received						1	<u> </u>			Prior Ar	nount	1	Amt Inc	urred this Period
AVIS M. RANKIN										1110171		0.00	7	0.00
Address													Outstan	ding Balance
806 LAKE STREET														14,290.62
City	Sta	te	Zip Code	e	Loa	ıns Recei	ived Th	is Perio	d			Payme	ents This	Period
MARBLEHEAD			43440			Date			Amount	Date			Amount	
Date Loan was originally Incurred	М	0	D 1   5	Y	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC	L1		1		М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization	n*				М	D	Y			М	D	Y		
From Whom Received					<u></u>		<u> </u>			Prior Ar	nount		Amt. Inc	curred this Period
Address													Outstan	ding Balance
Addicas														•
City	Sta	te	Zip Cod	e	Loa	ans Rece	ived Th	is Perio	d			Paym	ents This	Period
						Date	_		Amount		Dat	te		Amount
Date Loan was originally Incurred	М	•	D	Y	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC	l		<del></del>	.l	М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization	n*				М	D	Y	-		М	P	T Y	1	
													<u>:                                    </u>	
If a loan is forgiven, write "Forgiven" in														
Transfer total of all payments made in t	his pe	erioc	to the	Statemen	t of Expe	enditures	(Form	No. 31-I	3). Transfer Total	Outstanding	j Balance	to the co	ver page	(Form No. 30-A).

1	Total prior amount \$	15,000.00		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	29,29	90.62	(To Form No. 30-A)

l	
Event Date	3/31/05
Page	10

	Prescribed by Seci	etary of State 02/01		
Name of Committee in Full				
CITIZENS FOR RANKIN				
Full Name of Contributor			Registration Number, if PAC	
Ed Leonard				
Street Address	Employer/Occu	pation/Labor Organization*	1 1 1 1	nount
373 S. High Street			0 3 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	cash	
Full Name of Contributor			Registration Number, if PAC	
Eileen Paley				
Street Address	Employer/Occu	pation/Labor Organization*		nount
373 S. High Street		T	0 3 3 1 0 5	25.00
Columbus	State	Zip Code	Form(Cash,Check,etc)	
Columbus Full Name of Contributor	OH	43215	cash	
· ·			Registration Number, if PAC	
Marilyn Brown				
Street Address	Employer/Occu	pation/Labor Organization*		nount
34 W. Poplar		Time and the second	0 3 3 1 0 5	25.00
City Columbus	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor	O H	43206	check	
			Registration Number, if PAC	
William Anthony Street Address	TE			
	Employer/Occu	pation/Labor Organization*		nount
271 E. State St.	Chata	17: C. I.	0 3 3 1 0 5	100.00
Columbus	State	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor		43413	Registration Number, if PAC	
William P. DeMora			Registration Number, if PAC	
Street Address	Employer/Occus	pation/Labor Organization*	M D Y Am	nount
100 Warren Street	Linployer/ Occu	pation/Labor Organization	0 3 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	23.00
Columbus	O H	43215	check	
Full Name of Contributor		10210	Registration Number, if PAC	
Laura J. Stehle			Registration Number, if FAC	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Am	nount
2573 Quarry Lake Dr.	Employer/ occu	pation/ Labor Organization	0 3 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	25.00
Columbus	ОТН	43215	check	
Full Name of Contributor	0   11	101110	Registration Number, if PAC	***
Michael S. Kolman			The gradient is a modify if 77 to	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Am	ount
6287 Char-Mar Drive			0 3 3 1 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	2.00
Westerville	ОН	43082	check	
	10111	10004	CIRCE	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

in the date column,		
Total contributions this event	Total expenditures this event	
\$500.00	260,00	Page Total \$250.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-E R.C. 3517.10(B)

Event Date	3/31/05
Page	11

Page Total \$

250.00

# Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01				_	
Name of Committee in Full CITIZENS FOR RANKIN	•					_	
Full Name of Contributor			Registra	ation Nu	mber, if	PAC	
IBEW-COPE	OPE						
Street Address 1125 15th Street NW	Employer/Occi	upation/Labor Organization*	M 0   4	D 1   5	Y 0   5	Amount	250.00
City	State	Zip Code	Form(C	ash,Che	ck,etc)		
Washington	D   C	20005	ŀ	check	ς		
Full Name of Contributor			Registra	ation Nu	mber, if	PAC	!
Street Address	Employer/Occi	upation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Ched	k,etc)		
Full Name of Contributor		,	Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occi	upation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Ched	ck,etc)	:	
Full Name of Contributor			Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	upation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Ched	k,etc)		
Full Name of Contributor		<u> </u>	Registra	ation Nur	mber, if	PAC	
Street Address	Employer/Occu	upation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Ched	k,etc)		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	ation Nu	nber, if	PAC	
Street Address	Employer/Occu	upation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor	I I	<u> </u>	Registra	ation Nur	nber, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(Ca	ash,Ched	k,etc)		
* Required for contributions from individuals over should be listed. If two or more employees contributions, if any, must appear. [R.C. 3517.10(E)] Fill in the boxes below only on the last page for transfer the Total contributions for this event to the date column.	ribute via payroll deduction and exits)(4)]	ceed the aggregate of \$100,	the labor	organiza	ation of	which the emp	loyees are
Total contributions this event	Total expenditures	Alica const			r		

Event Date	4/5/05
Page	12

	Prescribed	by Secr	etary of State 02/01				
Name of Committee in Full							
CITIZENS FOR RANKIN							
Full Name of Contributor				Registration	Number, if P	AC	
Michael L. Silberstein							
Street Address	Employ	er/Occu	pation/Labor Organization*	M D		Amount	
1088 Fountain Lane, Apt. F				0 3 1	4 0 5		250.00
City	St	ate	Zip Code	Form(Cash,C	heck,etc)		
Columbus	O	H	43229	che	ck		
Full Name of Contributor		-		Registration	Number, if P	AC	
Anthony M. Cafaro, Sr.							
Street Address	Employ	er/Occu	pation/Labor Organization*	M D	Y	Amount	
2445 Belmont Avenue				0 4 0	1 0 5		250.00
City	St	ate	Zip Code	Form(Cash,C	heck,etc)		
Youngstown		H	44504	che	ck		
Full Name of Contributor		-	<u> </u>	Registration	Number, if P	AC	
Roger Guglulcello							
Street Address	Employ	er/Occu	pation/Labor Organization*	M D	Y	Amount	
4226 Euclid Blvd.			· -	0 4 0	1 0 5		100.00
City	St	ate	Zip Code	Form(Cash,C			100.00
Youngstown	0	Н	44512		,,		
Full Name of Contributor				Registration	Number, if P	AC	
John H. Provanzana					, , , , , , , , , , , , , , , , , , , ,		
Street Address	Employe	er/Occu	pation/Labor Organization*	M D	Y	Amount	
304 Delegate Dr.	' '		, , , , , , , , , , , , , , , , , , , ,	0 4 0	1 .	-	100.00
City	St	ate	Zip Code	Form(Cash,C			100.00
W. Worthington	0	Н	43235	che	, ,		
Full Name of Contributor			10.000	Registration		ΔC	
James R. Havens				negistration i	rumber, ir r	, , ,	
Street Address	Employe	er/Occu	pation/Labor Organization*	M D	Y	Amount	
141 E. Town St.	Linploy	J., OCCU,	pation casor organization	0 4 0		Amount	250.00
City		ate	Zip Code	Form(Cash,C			230.00
Columbus		H H	43215	che			
Full Name of Contributor			40210	Registration		AC	
Donald DeSalvo				Registration	Number, it ra	MC	
Street Address	Employe	ar/Occui	pation/Labor Organization*	M D	Y	Amount	
3500 S. Meridian, No. 755	Linploy	si / Occu	pation/ Labor Organization	0 4 0		Amount	250.00
City	Ct	ate	Zip Code	Form(Cash,Cl			230.00
Puyallup	w	A	98373	che			
Full Name of Contributor		Α.	70373	Registration I		A.C.	
Allen I. Reis				Registration	vuinbei, a P	AC	
Street Address		·- (O		<del>   </del>	- T v T		
	Employe	er/Occuj	pation/Labor Organization*	M D	1 1	Amount	250.00
3250 Knoll Dr.			Tat. C. 4.	0 4 0			250.00
	l .		i '				
Columbus		ri	43230	j che	CK		
City Columbus ·	Sta O	ate H	Zip Code 43230	Form(Cash,Cl che			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

otal contributions this event	Total expenditures this event	
\$5,000.00	94.72	Page Total \$
	23.72	

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

4/5/05	
13	
	4/5/05 / 3

No. 50 30 50	Prescribed by Secr	etary of State 02/01					
Name of Committee in Full CITIZENS FOR RANKIN							
			In				
Full Name of Contributor			Registration Number, if PAC				
Richanne M. Zymkoski Street Address	le						
•	Employer/Occu	pation/Labor Organization*	M D Y Amount	400.00			
2128 Poplar Street		I	0 4 0 6 0 5	100.00			
Calamban	1 1 77 1 1000		Form(Cash,Check,etc)				
Columbus	O H	43207	check				
Full Name of Contributor			Registration Number, if PAC				
Carol A. Wright							
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount				
318 Berger Alley		T	0 4 0 6 0 5	100.00			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43206	check				
Full Name of Contributor			Registration Number, if PAC				
Barry Wilford							
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount				
481 E. Sycamore St.			0   4   0   6   0   5	50.00			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43206	check				
Full Name of Contributor			Registration Number, if PAC				
Stephanie C. Ulrey							
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount				
2604 Queensway Drive			0 4 0 6 0 5	150.00			
City	State	Zip Code	Form(Cash,Check,etc)				
Grove City	O   H	43123	check				
Full Name of Contributor			Registration Number, if PAC				
Thomas C. Tootle							
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount				
5971 Hildenboro Dr.			0 4 0 6 0 5	250.00			
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	OH	43017	check				
Full Name of Contributor			Registration Number, if PAC				
Angie Brown							
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount				
789 Northwest Blvd.			0 4 0 6 0 5	100.00			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43212	check				
Full Name of Contributor			Registration Number, if PAC				
Stephen A. Santangelo							
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount				
5873 Rothesay Ct.			0 4 0 6 0 5	100.00			
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	O H	43017	check				
* Demokrati for any substitute of force to the factor of the	00 45 -454-044		and the second second				

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

Total contributions this event	Total expenditures this event	
		Page Total \$850.00

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	4/5/05
Page	14

	Prescribed by Secr	etary of State 02/01		
Name of Committee in Full				
CITIZENS FOR RANKIN				
Full Name of Contributor			Registration Number, if PAC	
Thomas L. Long	·			
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
2565 Leeds Road		***************************************	0 4 0 6 0 5	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43221	check	
Full Name of Contributor			Registration Number, if PAC	
William W. Lamkin				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
500 S. Front St., Suite 200			0 4 0 6 0 5	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	check	
Full Name of Contributor			Registration Number, if PAC	
Bill R. Hedrick			<u> </u>	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	<b></b>
838 Thurber Drive West, Apt. 22			0 4 0 6 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	ОН	43215	check	
Full Name of Contributor			Registration Number, if PAC	
Marilyn P. Brown	Is a constant			
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	E0.00
78 W. Hubbard Ave.		Ta: 0.1:	0 4 0 6 0 5	50.00
Calcurations	State	Zip Code 43215	Form(Cash,Check,etc)	
Columbus Full Name of Contributor	O H	43213	check	
			Registration Number, if PAC	
Otto Beatty III				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	E0.00
600 S. Grant Ave.		T:- C- 4-	0 4 0 6 0 5 Form(Cash,Check,etc)	50.00
Columbus	State O H	Zip Code 43206	check	
Full Name of Contributor	O   H	43200	Registration Number, if PAC	
Ted Barrows			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
4834 Sarasota Dr.	Employer/occu	pation/Labor Organization	0 4 0 6 0 5	350.00
Gity	State	Zip Code	Form(Cash,Check,etc)	330.00
Hilliard	1 ,	43026	check	
Full Name of Contributor	OH	43020	Registration Number, if PAC	
Philip B. Kaufman			Registration Number, if FAC	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
341 S. Third St., Suite 300	Linpioyer/Occu	pation Labor Organization"	0 4 0 6 0 5	150.00
City	State	Zip Code	Form(Cash,Check,etc)	150.00
Columbus		43215	check	
Columbus	O   H	43413	CHECK	
* Booking the analysis to the second of the second of 100 to a				

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	<u>1,150.00</u>

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-E R.C. 3517.10(B)

Event Date	4/5/05
Page	15

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01					
Name of Committee in Full				-			
CITIZENS FOR RANKIN							
Full Name of Contributor			Registra		mber, if	PAC	
Baker & Hostetler LLP PAC			OH12				
Street Address	Employer/Occ	upation/Labor Organization*	М	D	Y	Amount	
3200 National City Center			,		0   5		500.00
City	State	Zip Code	Form(Ca	•			
Cleveland	OH	44114		check			
Full Name of Contributor			Registra	tion Nur	nber, if	PAC	
D. Lee Johnson	***************************************						
Street Address	Employer/Occi	upation/Labor Organization*	M	D	Y	Amount	
3335 Meijer Drive, Suite 200			0 4		0   5		250.00
City	State	Zip Code	Form(Ca				
Toledo	ОН	43617		check			
Full Name of Contributor			Registra	tion Nur	nber, if	PAC	
Bernard M. Floetker Street Address			<u> </u>			1.	
	Employer/Occi	upation/Labor Organization*	M	D O L C	Y	Amount	F0.00
1295 S. High St.		I			0   5		50.00
City Columbus	State	Zip Code 43206	Form(Ca	•			
Full Name of Contributor	ОН	43206		check		DAC	
			Registra	tion Nur	nber, ir i	PAC	
Barry H. Wolinetz Street Address	Employer/Occi	upation/Labor Organization*	Н 1	D	Y	Amount	
2785 Powell	Employer/occi	upation/Labor Organization	1		0   5		250.00
City	State	Zip Code	Form(Ca				230.00
Bexley	O H	43209	1 `	check			
Full Name of Contributor		***************************************	Registra			PAC	
Frank L. Demos			, and a second			.,,,	
Street Address	Employer/Occi	upation/Labor Organization*	м	D	Y	Amount	
7370 Sawmill Road	1	-patiety ===== 0   gain======			0   5		250.00
City	State	Zip Code	Form(Ca				
Columbus	O   H	43235	1	check			
Full Name of Contributor	10 1		Registra			PAC	
Bricker & Eckler LLP State Political Acti-	on Committe	e	OH82				
Street Address		upation/Labor Organization*	М	D	Υ	Amount	
100 S. Third Street	1		0   4	1   5	015		250.00
City	State	Zip Code	Form(Ca				
Columbus	$O \mid H$	43215		check			
Full Name of Contributor			Registra	tion Nur	nber, if I	PAC	_
Street Address	Employer/Occu	upation/Labor Organization*	M	D	Y	Amount	
0.		T	1		<u> </u>		
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)		
			1				
* Required for contributions from individuals over \$100 to state	wide and general c	secombly candidator. If contril	autor ic col	if amala	und non	unation ratha	- +laca amanla

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	1,550.00
	- many		

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

## **Statement of Outstanding Debts**

Prescribed by Secretary			_, _								
Full Name of Committee											
CITIZENS FOR RANKIN											
To Whom Owed						ľ	Prior Ar			Amt. Incurred this Period	
Mike R. Rankin						1			78.50	0.00	
Address						ľ	tem or I	Purpose f		Outstanding Balance	
2342 Wyncourtney Court						1		signs	i	278.50	
City Powell	Sta O		Zip C	ode I30		Payments Made This Period  Date Amount					
Date Debt was originally Incurred	м 0	6	D 1	6	<b>Y</b> 0	4	м 	D	Y 	\$	
Registration Number, if PAC			I. <u>-</u>				М	D	Ý ↓		
To Whom Owed	_					ľ	Prior Ar	nount		Amt. Incurred this Period	
Mike R. Rankin								7	78.00		
Address						ľ	tem or	Purpose f	or Debt	Outstanding Balance	
2342 Wyncourtney Court							ľ	nagne	ets	778.00	
City Powell	Sta O	1	Zip C	ode 130			Payments Made This Period Date Amount				
Date Debt was originally Incurred		8	1	2	Y 0	4	м 	D	Y	\$	
Registration Number, if PAC			·				М	D	Ý		
							м	D	Ý		
To Whom Owed							Prior Ar	mount		Amt. Incurred this Period	
Mike R. Rankin								7	78.00	0.00	
Address						Ī	tem or	Purpose f	or Debt	Outstanding Balance	
2342 Wyncourtney Court							Г	nagne	ets	778.00	
City Powell	Sta O	1	Zip C	ode 430			Payments Made This Period Date Amount				
Date Debt was originally Incurred	м 0	9	<b>D</b>	7	<b>Y</b>	4	M	D	Y	\$	
Registration Number, if PAC				_			М	D	Ý		
							M	D	Ý		
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer to	tal of	all	paym	ents	ma	de t	his peri	iod to th	e State	ment of Expenditures (Form N	

			м	D	Y	
• .	•	. Transfer total of all payments made their total of the contract of the contr				
Total Payments this Period \$	0.00	(also record on Form 31-B)				
Total Outstanding Balance \$	1,834.50	(also record on cover page)				

Page _	17
--------	----

### **Statement of Outstanding Debts**

Full Name of Committee									
CITIZENS FOR RANKIN					Drine 4	\mou==+		Amt. Incurred this Period	
To Whom Owed					Prior A	Amount	277.71	1	
Mike R. Rankin Address					item o	್ r Purpose	366.61 for Debt	0.00 Outstanding Balance	
2342 Wyncourtney Court					signa		366.61		
City City		State	Zip Cod	le					
Powell		ОН	l	062		Pag Date		Made This Period Amount	
	e Debt was originally Incurr	ed M	D	Y	М	D	Y	\$	
Registration Number, if PAC	The state of the s	0 9	2 2	0 4	M	D	Y		
registration number, ii FAC					"				
					M	D	Y		
To Whom Owed					Prior A	Amount		Amt. Incurred this Period	
Address					Item o	r Purpose	for Debt	Outstanding Balance	
City		State	Zip Cod	le		<b>Pa</b> Date	-	Made This Period Amount	
		М	D	Y	М	D	Y	\$	
Dat	e Debt was originally Incurr	ea							
Registration Number, if PAC	as plantación		<u> </u>		М	Ь	Y	:	
					М	D	Ý		
To Whom Owed					Prior A	Amount	<u> </u>	Amt. Incurred this Period	
Address					ltem o	r Purpose	for Debt	Outstanding Balance	
C		Chata	Zip Cod	la .					
City		State	Zip Coc	ie .		Pa Date		Made This Period Amount	
Dat	e Debt was originally Incurr	ed M	D	Y	М	D	Y	\$	
Registration Number, if PAC					М	D	Y		
						$\perp$			
					M	D	Y		
If a debt is forgiven, write "Forgiven" in the "Outstand Total amount forgiven should be included in the In-Kin									
Total Payments this Period \$	0.00 (also red	cord on For	m 31-B)						
Total Outstanding Balance \$	366.61 (also red	cord on cov	er page	)					
- · · · · · · · · · · · · · · · · · · ·									

**31-F** R.C. 3517.10

Event Date	3/31/05	
Page	18	

## **Statement of Expenditures for Social or Fundraising Event**

Prescribed by Secretary of State 02/01

N. Communication							
Name of Committee in Full							
CITIZENS FOR RANKIN		***************************************	F M		T V	14	
To Whom Paid			M	D	1	Amount	260.00
Plank's		····	0 3	3   1	0 5		260.00
Address	Purpose	_					
743 Parsons Avenue		beverages					
City	State	Zip Code	Check Number				
Columbus	ОН	43215		173			
To Whom Paid			М	D	Y	Amount	
Address	Purpose		·				
City	State	Zip Code	Check I	Number			
			<u> </u>				
To Whom Paid			М	D	Υ	Amount	
Address	Purpose						
City	State	Zip Code	Check I	Number			
To Whom Paid			М	D	Y	Amount	
Address	Purpose		1	.i.,l	L	<u> </u>	
	. '						
City	State	Zip Code	Check I	Number			
To Whom Paid			М	D	Y	Amount	
To Miland							
Address	Purpose				1		
Addiess	i ai poso						
City	State	Zip Code	Check	Number			
city	State	Zip code	Cricci	Mulliber			
To Whom Paid			М	D	Y	Amount	
10 Whom Paid			"			Amount	
	In			<u> </u>		<u> </u>	
Address	Purpose						
		T=: 0.1	Tou to				
City	State	Zip Code	Check	Number			
					1		
To Whom Paid			M	D	Y	Amount	
						<u> </u>	
Address	Purpose						
City	State	Zip Code	Check	Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	260.00

**31-F** R.C. 3517.10

Event Date	4/5/05
Page	19

### **Statement of Expenditures for Social or Fundraising Event**

Prescribed by Secretary of State 02/01

Name of Committee in Full							
CITIZENS FOR RANKIN							
To Whom Paid	****		М	D	Y	Amount	· · · · · · · · · · · · · · · · · · ·
U.S. Postmaster			0 3	1   5	0   5		94.72
Address	Purpose						
850 Twin Rivers Drive	Postage			-			
City	State	Zip Code	Check I	Number	••		
Columbus	ОН	43215		170			
To Whom Paid			M,	D	Y	Amount	
	···					<u> </u>	
Address	Purpose						
		1= 0		N			
City	State	Zip Code	Check	Number			
T- William Baid			М	D	Y	Amount	
To Whom Paid			"		1 :	Amount	
Address	Purpose			<u> </u>		<u> </u>	
Address	Fulpose						
City	State	Zip Code	Check	Number			
City	J	Lip code					
To Whom Paid			М	D	Y	Amount	
, , , , , , , , , , , , , , , , , , , ,					1		
Address	Purpose				1	<u> </u>	
City	State	Zip Code	Check	Number			
		1					
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check	Number			
To Whom Paid			M	D	Y	Amount	
						<u> </u>	
Address	Purpose						
		I <del>.</del>	la L	<b>.</b> l			
City	State	Zip Code	Check	Number			
7 11 2 1		<u>, l</u>		l n	T v	Amount	
To Whom Paid			М	D	Y	Amount	
Address	Purpose			1		1	
Address	Purpose						
City	State	Zip Code	Check	Number			
oicy	Julia	Lip code	Circox				
		<u> </u>	<u> </u>				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	94.72

Page	<u>ى د</u>

### **In-Kind Contributions Received**

Name of Committee in Full CITIZENS FOR RANKIN						
Full Name of Contributor	Employer Occ	upation, Labor Organization *	Registration Number, if PAC			
Mike R. Rankin	Employer, occi	upation, Labor Organization	Registration Number, ii 1740			
Street Address	Description of Item or Service		M D Y Fair Market Value			
2432 Wyncourtney Drive	1	for thank you cards	0 4 0 4 0 5 13.80			
City	State	Zip Code	Received at Fundraising Event?			
Powell	О Н	43064	res X <sub>1</sub> 0			
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC			
Mark Serrott						
Street Address		Item or Service	M D Y Fair Market Value			
789-A Northwest Blvd.	food	l and beverages	0 4 0 5 0 5 350.00			
City	State	Zip Code	Received at Fundraising Event?			
Columbus	0 H	43212	YES 40			
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC			
Elizabeth Gill						
Street Address	Description of	Item or Service	M D Y Fair Market Value			
90 E. Mithoff	foo	d and beverges	0   4   0   5   0   5   324.00			
City	State	Zip Code	Received at Fundraising Event?			
Columbus	ОН	43206	YES 40			
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC			
Elizabeth Gill						
Street Address	Description of	Item or Service	M D Y Fair Market Value			
90 E. Mithoff	statio	onery, envelopes	0 4 0 5 0 5 26.00			
City	State	Zip Code	Received at Fundraising Event?			
Columbus	ОН	43206	VES 40			
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of	Item or Service	M D Y Fair Market Value			
City	State	Zip Code	Received at Fundraising Event?			
			YES NO			
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of	Item or Service	M D Y Fair Market Value			
City	State	Zip Code	Received at Fundraising Event?			
			res to			
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of	Item or Service	M D Y Fair Market Value			
		· ·				
City	State 	Zip Code	Received at Fundraising Event?			
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of	Item or Service	M D Y Fair Market Value			
City	State	Zip Code	Received at Fundraising Event?  YES NO			

Page Total \$	713.80

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]